

Classification of Ankyloglossia and Treatment Approach for Children Ankyloglossia (also known as tongue-tie) refers to a congenital condition involving an unusually shortened, thickened, or tightened lingual frenulum. Khoshnevisan MH et al. Laser vs conventional frenectomy outcomes in pediatric patients.

B. Class II – Moderate ankyloglossia * Often has mechanical and/or speech articulation problems * Treatment methods: * Early speech therapy if defects in articulation are observed * Follow up on the functional status * Surgical treatment if therapy does not help

C. Serious cases (Class III) * Severe tongue elevation and protrusion problems * Present alongside: * Speech problems (particularly lingual articulations: /t/, /d/, /l/, /r/, /s/) * Poor oral hygiene * Feeding problems among younger patients

Treatment: * Frenectomy or frenotomy procedures are often employed * Growing preference for diode laser frenectomy because of: * Less blood loss during surgery * Post-operative pain management * Quick recovery * Decreased need for stitches

References (Recent & Reliable Sources) Mills N, Keough N, Geddes DT, Pransky SM, Mirjalili SA. Defining the anatomy of the lingual frenulum: A systematic review. *Kotlow Classification of Ankyloglossia* According to Kotlow, tongue-tie can be classified based on the free tongue distance measured from the tongue tip to the attachment point of the lingual frenulum: * Class I: mild, 12–16 mm * Class II: moderate, 8–11 mm * Class III: severe, 3–7 mm * Class IV: total ankyloglossia, less than 3 mm

2.D. Ankyloglossia with complete involvement (Class IV) * Extensive impairment of function * Tends to be detected earlier during infancy due to breast-feeding issues * **Treatment:** * Prompt surgical treatment (frenectomy/frenuloplasty) * Post-operative tongue exercises * Speech therapy, if needed

3. Walsh J, Links A, Boss E, Tunkel D. Ankyloglossia and lingual frenectomy: clinical guideline. *Pediatrics*. 2011;127:1000–1004.